FRANKLIN COUNTY BUILDING PERMIT APPLICATION

For accessory use/addition/pool/miscellaneous

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Wall height	leter? Yes or No	Will there be a new meter? Yes or No	Will the building have electric? Yes or No	······
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	Cost	Estimated Construction Cost	Will the building have plumbing? Yes or No	
			Wall heightPorch size	
Will there be a new meter? Yes or No	ctric? Yes or No	Will the building have electric? Yes or No	GARAGE SIZEV	<u>_</u>
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No Will there be a new meter? Yes or No	e electric? Yes or h	Will the building have electric? Yes or No	ACCESSORY USE SIZE	encursormente Na
	ANDRON ACTION COMPANY ARTERNAL OF PROPERTY AND ACTION CONTROL SECTION AND ACTION ACTIO		DESCRIPTION OF BUILDING	_
			Address	*>>
			State parcel # / parcel # 24-	S
Lot		Subdivision	Kange # Acreage	ス
Section # Township #	Sect		hip or Corpor	,
			DESCRIPTION OF PROPERTY	0
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			SAME AS OWNER or Builder	S
			BUILDER INFORMATION	Œ
	Phone #	ST Zip	City	0
	S	Mailing Address	Name	Z
			OWNER INFORMATION	0
			DakDak	-
		The state of the s		7)
Flood Plain Y OR N	·•••	Fees	Zone Permit #	Z
			FOR OFFICE USE ONLY	F

DECK SIZE	PORCH SIZE
Estimated Construction Cost	Estimated Construction Cost
TYPE OF ADITION	SIZE
Basement / Crawl / Slab Bathrooms Bedrooms	Estimated Construction Cost
Plans required - cross-section of footers, floor plan of house and addition; and smoke detection location	Idition; and smoke detection location.
POOL SIZE Inground or Above Ground	SIGN SIZE Height
Estimated Construction Cost	Estimated Construction Cost
REMODELING SIZE	
TYPE OF REMODELING	
Plans required – floor plan and room labeled	
NOTICE: ALL PERMITS ARE SUBJECT TO A FIVE (5) DAY WAITING PERIOD FOR REVIEW. PLEASE READ: ALL APPLICABLE INFORMATION WILL NEED TO BE IN ORDER BEFORE A BUILDING PERMIT CAN BE ISSUED.	VE (5) DAY WAITING PERIOD FOR REVIEW. ON WILL NEED TO BE IN ORDER BEFORE A
 LETTER FROM HEALTH DEPARTMENT this addition. 	LETTER FROM HEALTH DEPARTMENT if adding bedrooms, stating the septic is adequate for this addition.
 PLOT PLAN – Requirements attached 	
 APPROVAL IN WRITING FROM ANY INCORPORATED TOWN 	CORPORATED TOWN
 APPROVAL IN WRITING FROM ANY PROPERTY OWNERS ASSOCIATION (ex Lakeshore Resort or New Fairfield), or any campground (ex: Hickory Woods, Twin Forks) 	OPERTY OWNERS ASSOCIATION (ex. pground (ex: Hickory Woods, Twin Forks)
 SECTION 80.34 ACCESSORY USE, (A) INT used living, sleeping, or housekeeping purposes. 	SECTION 80.34 ACCESSORY USE, (A) INTEND, (5), (d); At no time shall an accessory use be used living, sleeping, or housekeeping purposes.
 NOTICE OF AGRICULTURE ACTIVITY - 	NOTICE OF AGRICULTURE ACTIVITY – must be signed by the property owner and notarized.
Signature of Owner/ Contractor	

PLOT PLAN REQUIREMENTS

- a. Owner, address and parcel number.
 b. Location (distance from the front, side, and back property lines) and size of new structures, and septic location.
- c. Location of county road or state highway.

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Section of the latest	Address	Owner	Parcel #
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